

**BUREAU OF OCCUPATIONAL LICENSES
IDAHO STATE BOARD OF COSMETOLOGY
1109 Main St., Suite 220
Boise, Idaho 83702-5642**

APPLICATION FOR RETAIL COSMETICS DEALER LICENSE

Name of Dealership _____

Location Address _____

street Apt. or room # city zip

Mailing Address _____

street Apt. or room # city state zip

Name of Dealership Owner(s) _____

Social Security number or Business Employer Identification Number (E.I.N.) _____

Applications that do not include the owner(s) social security number(s) or EIN will be returned and the application will not be processed. Social Security numbers are required by § 73-122, Idaho Code on all applications for licensure.

Dealership Phone # _____ **Fax #** _____ **E-mail** _____

I hereby make application for a Retail Cosmetics Dealer license (\$50.00 fee enclosed) that will expire on the anniversary date of issue. Licenses will not be prorated for a partial year.

Anticipated opening date _____

(The appropriate shop license must be in your possession & conspicuously posted in the shop before offering services.)

Has a cosmetics dealership, or cosmetology establishment previously existed at this location? ☐ YES ☐ NO

If YES, give business name _____, license # _____, and owner's name _____.

If YES & the license is current, that license (marked "out of business" & signed by the previous owner), or a written statement from the previous owner surrendering ownership, must be submitted with this application,

Does this application represent a change in location of your dealership? ☐ YES ☐ NO

If YES, give business name _____, license # _____, and former address _____.

AFFIDAVIT

I certify that the above named Retail Cosmetics Dealership meets all licensure requirements as outlined by Idaho Laws & Rules, including the provision of facilities and equipment in an area within the business premises to properly sanitize and store equipment and supplies necessary to perform any cosmetic application service provided.

I further certify that the required facilities and equipment include: access to hot and cold running water separate from the restroom facilities; board approved hospital grade sanitation products which are evident and in use; single use samples, wipes, spatulas, or other dispensing techniques designed to prevent contamination of multi-use cosmetic products and; restroom facilities.

I further certify that the information recorded hereon is correct to the best of my knowledge and belief.

Signature of owner(s) or authorized agent(s)

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____

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DIAGRAM INSTRUCTIONS

This application must include an accurate and detailed floor plan of the retail dealer area, drawn on a separate sheet of eight and one-half inch by eleven inch white paper. **The floor plan must include: all inside dimensions, total square footage, location of the service area, water sources, restrooms, access areas, and entrances.** If the dealership area is located within a multi-tenet building or a private residence, please include a drawing of the complete building or residence showing all surrounding or adjacent rooms and the exact location of the dealership area within the building or residence. The floor plan must include the exact measurements of the entire area to be licensed.

CAUTION: Dealerships located within a residence must have a separate outside entrance leading directly into the business area.

The State of Idaho Cosmetology Laws and Rules may be downloaded at: <https://www.ibol.idaho.gov/cos.htm>

THE APPLICATION WILL NOT BE PROCESSED IF IT IS NOT COMPLETE. THE COMPLETED APPLICATION MUST BE SUBMITTED WITH THE REQUIRED FLOOR PLAN & FEE.

You may address any questions to:

**Bureau of Occupational Licenses
IDAHO STATE BOARD OF COSMETOLOGY
1109 Main St., Suite 220
Boise, Idaho 83702-5642
(208) 334-3233
e-mail shop@ibol.state.id.us**